

**U.S. Department of Justice
United States Marshals Service**

PROCESS RECEIPT AND RETURN

PLAINTIFF UNITED STATES OF AMERICA		COURT CASE NUMBER Criminal No. 05-1849
DEFENDANT Dana Jarvis, et al. (Barbara Hanna)		TYPE OF PROCESS Notice of Lis Pendens
SERVE → AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Unit E-2 of Hickox Office Condominiums, Santa Fe County, NM	
	ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code)	

SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285
Stephen R. Kotz, Ass't United States Attorney Office of the United States Attorney PO Box 123 Albuquerque, NM 87103		Number of parties to be served in this case
		Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service)

Please file the attached Notice of Lis Pendens with the Santa Fe County Clerk as soon as possible.

Return filed Lis Pendens for filing with the court.

Signature of Attorney or other Originator requesting service on behalf of: <i>Stephen R. Kotz, AUSA</i>		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER (505) 224-1464	DATE September 29, 2005
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process No. _____	District of Origin No. <u>51</u>	District to Serve No. <u>51</u>	Signature of Authorized USMS Deputy or Clerk <i>Frank Jolley</i>	Date <u>9/29/05</u>
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below).

Name and title of individual served (if not shown above).	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
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Address (complete only if different than shown above)	Date of Service <u>9/30/05</u>	Time <u>1:00</u> am pm
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Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount Owed to US Marshal or	Amount of Refund
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REMARKS: DOCS FILED

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